

PATENT
450100-02102

AP/3621
Ifw

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

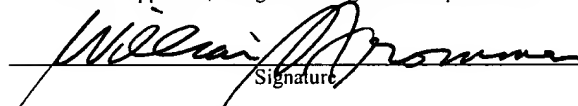
Applicant(s) : Yoichiro SAKO, et al.
Serial No. : 09/406,486
For : INFORMATION DISTRIBUTING METHOD AND
SYSTEM
Filed : September 27, 1999
Examiner : Backer, Firmin
Art Unit : 3621
Confirmation No. : 1659

745 Fifth Avenue
New York, NY 10151

I hereby certify that this correspondence is being deposited with
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Box 1450, Alexandria, VA 22313-1450, on September 15, 2004

William S. Frommer, Reg. No. 25,506

Name of Applicant, Assignee or Registered Representative



Signature

September 15, 2004

Date of Signature

AMENDMENT UNDER 37 C.F.R. § 1.116

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

This is responsive to the Final Office Action mailed on July 30, 2004, having a three-month statutory period for response set to expire on October 30, 2004. The Examiner is respectfully requested to amend the above-identified application as follows.

Amendments to the Claims are reflected in the listing of claims which begins on page 3 of this paper.

Remarks/Arguments begin on page 10 of this paper.



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Sir: Transmitted herewith is an amendment in the above-identified application.

- ☒ No additional fee is required.
☐ The fee has been calculated as shown below.
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional fee
Total claims	26	Minus	= 26	0 ×	\$18(9)	= \$0.00
Independent claims	7	Minus	= 7	0 ×	\$86(43)	= \$ 0.00
				Total additional fee for this amendment		\$ 0.00

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
** If the highest number of total claims previously paid for is less than 20, write "20" in this space.
*** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.
— This application contains a multiple dependent claim. The required fee of \$280 (\$140) has been previously paid __, or is paid herewith __.
— This response is being filed within the month following the expiration of the term originally set therefor.
— This is a petition to request a __ month extension of time. A check covering the cost of the petition is enclosed.
— A check in the amount of \$0.00 is attached, which covers the cost of ☐ additional claims __ petition
for extension of time.
— Charge \$__ to Deposit Account No. 50-0320.
☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

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William S. Frommer
Signature

September 15, 2004

Date of Signature

FROMMER LAWRENCE & HAUG LLP
Attorneys for Applicant(s)

William S. Frommer
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